

INTERPRETER/AGENCY: Please complete and submit top 3 copies to: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES STATE HEARINGS DIVISION 744 P STREET, MS 19-36 SACRAMENTO CA 95814	SHD USE ONLY	
	INVOICE	
	INDEX CODE	
	OBJ 418	PCA 96006

NAME OF INTERPRETER/TRANSLATOR				SOCIAL SECURITY NUMBER/FEDERAL ID NUMBER -			
NAME OF AGENCY				DATE OF SERVICE			
ADDRESS				I hereby declare under penalty of perjury that I faithfully and accurately interpreted/translated from the English language to the _____ language and/or from the _____ language to the English language for this assignment. SIGNATURE _____			
CITY							
STATE		ZIP CODE	<input type="checkbox"/> CHECK IF NEW ADDRESS				
TELEPHONE NUMBER							
COMPLETE FOR INTERPRETATION SERVICES				COMPLETE FOR TRANSLATION SERVICES			
CLAIMANT			HEARING NO.	CLIENT AGENCY		CONTRACT	
HEARING SITE (COUNTY)			LANGUAGE	PROJECT TITLE			
SCHEDULED HEARING DATE	ARRIVAL TIME	SCHEDULED START TIME	ACTUAL START TIME	PROJECT DESCRIPTION			
STOP TIME	DEPARTURE TIME	MILES ROUND TRIP	LANGUAGE SKILLS USED <input type="checkbox"/> YES <input type="checkbox"/> NO	REFERENCE		MILES ROUND TRIP	NUMBER OF ROUND TRIPS

SHD USE ONLY			
_____ Total Time	_____ Miles _____ ¢ per mile	\$ _____ Translation	\$ _____ Editing \$ _____ Input
\$ _____ First Hour	\$ _____ Mileage Fee	_____ Miles at _____ ¢ per mile	\$ _____ Mileage Fee
\$ _____ Add'L Hrs	\$ _____ Parking (attach receipt)		
Total Fee \$ _____		Total Fee \$ _____	
VERIFIED BY AUTHORIZED COUNTY/CDSS STAFF _____ DATE _____		SIGNATURE AND APPROVAL BY _____ DATE _____	

The Interpreter/Translator Contractor named herein agrees to indemnify, defend and save harmless the State, its officers, agents and employees from any and all claims and losses accruing or resulting to any and all contractors, subcontractors, materialmen, laborers and any other person, firm or corporation furnishing or supplying work services, materials or supplies in connection with the performance of this contract, and from any and all claims and losses accruing or resulting to any person, firm or corporation who may be injured or damaged by the Contractor in the performance of this contract.

The Contractor, and the agents and employees of Contractor, in the performance of the agreement, shall act in an independent capacity and not as officers or employees or agents of the State of California.

The State may terminate this agreement and be relieved of the payment of any consideration to Contractor should Contractor fail to perform the covenants herein contained at the time and in the manner herein provided. In the event of such termination the State may proceed with the work in any manner deemed proper by the State. The cost to the State shall be deducted from any sum due the Contractor under this agreement, and the balance, if any, shall be paid the Contractor upon demand.

Without the written consent of the State, this agreement is not assignable by Contractor either in whole or in part.

Time is of the essence in this agreement.

No alteration or variation of the terms of this contract shall be valid unless made in writing and signed by the parties hereto, and no oral understanding or agreement not incorporated herein, shall be binding on any of the parties hereto.

The consideration to be paid Contractor, as provided herein, shall be in compensation for all of Contractor's expenses incurred in the performance hereof, including travel and per diem, unless otherwise expressly so provided.

Federal Privacy Act disclosure: Disclosure of the Social Security Number is mandatory, and is collected by the Department under Section 8422.19 of the California State Administrative Manual. It is used by the State Controller for tax reporting purposes.

Verification that the interpreter was present and submitted this claim may be signed by authorized county or state employees. The review and approval for payment of such services will be done by the CDSS, State Hearings Division.